STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCT	(X3) DATE SURVEY COMPLETED
	445486	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGETOP HAVEN HEALTH CARE CENTER	2002 GREER ROAD GOODLETTSVILLE, TN 37072

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain hazardous areas. The findings include: Observation of the laundry room on 3/29/11 at 5:23 AM, revealed the door was being held open with a rag tied to a rack. National Fire Protection Association (NFPA) 101, 19.3.2.1 This finding was acknowledged by the Director of Nurses and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 029	K029 NFPA 101 Life Safety Code Standard: The facility will maintain hazardous areas. 1. Rag was removed from rack holding the door open. 2. All residents have the potential to be affected by the deficient practice. No residents were determined to be affected by the deficient practice. 3. On 3/29/2011 the rag was removed from self-closing door immediately. On 3/29/2011, the Administrator inserviced the Maintenance Director on maintaining hazardous areas. On 4/6/2011, all staff was inserviced by the Maintenance Director on maintaining hazardous areas.	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are	K 050	K 050 NFPA 101 Life Safety Code Standard: The facility will train the staff regarding fire drills. 1. The facility will train the staff in regards to fire drills.	5/01/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Robert L Collins	Adm.	4-28-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

K - 029

4. All findings will be reported by the Maintenance Director to the QA committee monthly/quarterly for review and further recommendations. The QA committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.

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K 050	Continued From page 1 conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to train the staff in fire drills. The findings include: Observation during the fire drill on 3/29/11 at 5:30 AM, revealed the staff did not announce the code red, location of the fire, close the room door, left trash cans in the corridor, and failed to activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.2.3 This finding was acknowledged by the Director of Nurses and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 050	2. All residents have the potential to be affected by the deficient practice. No residents were determined to be affected by the deficient practice. 3. On 4/6/2011, all staff was inserviced and trained by the Maintenance Director on fire drills. Random fire drills will be conducted by the Maintenance Director/designee weekly x 4 weeks and one per shift per quarter thereafter. 4. All findings will be reported by the Maintenance Director to the QA committee monthly/quarterly for review and further recommendations. The QA committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	K 052 NFPA 101 Life Safety Code Standard: The facility will maintain the fire alarm system. 1. No fire alarm pull stations will be blocked with any objects. The stool blocking the fire alarm pull station was immediately removed. 2. All residents have the potential to be harmed by the deficient practice. No residents were determined to be affected by the deficient practice.	5/01/2011

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the fire alarm system. The findings include: Observation of the kitchen area on 3/29/11 at 5:22 AM, revealed the fire alarm pull station was blocked with a stool. National Fire Protection Association (NFPA) 72, 2-8.2.1 This finding was acknowledged by the Director of Nurses and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 052	3. On 4/6/2011, all staff was inserviced by Maintenance Director on maintaining the fire alarm system. 4. All findings will be reported by the Maintenance Director to the QA committee monthly/quarterly for review and further recommendations. The QA committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.	
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the fire extinguishers. The findings include: (1) Observation of the kitchen area and the basement mechanical room on 3/29/11 at 5:20 AM, revealed the fire extinguishers were blocked with equipment. National Fire Protection Association (NFPA) 10, 1.6.3 (2) Observation of the dryer room on 3/29/11 at 5:35 AM, revealed the fire extinguisher was last inspected on 2/1/11. NFPA 104.3.1	K 064	K 064 NFPA 101 Life Safety Code Standard: The facility will maintain all fire extinguishers. 1. All fire extinguisher areas will not be blocked. On 3/29/2011, the fire extinguisher in the kitchen was moved by the Maintenance Director from the left side of the door to the right side of the door for unobstructed access. On 3/29/2011, the fire extinguisher in the dryer room was immediately inspected by the Maintenance Director. On 3/29/2011, all fire extinguishers were inspected and checked off by the Maintenance Director. All fire extinguishers will be inspected by the Maintenance Director on a monthly basis.	5/01/2011

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2. All residents have the potential to be affected by the deficient practice. No residents were determined to be affected by the deficient practice.

3. On 4/6/2011, all staff was inserviced by Maintenance Director on keeping the fire extinguishers accessible.

4. All findings will be reported by the Maintenance Director to the QA committee monthly/quarterly for review and further recommendations. The QA committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.

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K 064	Continued From page 3 These findings were acknowledged by the Director of Nurses and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 064		
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to post precautionary signs on the doors where oxygen was being stored The findings include: Observation of the therapy office on 3/29/11 at 5:50 AM, revealed a cylinder of oxygen stored in the room and no precautionary sign posted on the door. National Fire Protection ASSOCIATION (NFPA) 99, 8.6.4.2 This finding was acknowledged by the Director of Nurses and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 141	K 141 NFPA 101 Life Safety Code Standard: The facility will post precautionary signs where oxygen is being stored. 1. Cylinder of oxygen in the therapy room was removed by the Maintenance Director and placed in the designated locked storage area which has a posted precautionary sign. 2. All residents have the potential to be affected by the deficient practice. No residents were determined to be affected by the deficient practice. 3. On 4/6/2011, all staff was inserviced by Maintenance Director on proper oxygen storage.	5/01/2011
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system.	K 147	K 147 NFPA 101 Life Safety Code Standard: The facility will maintain the electrical system. 1. The broken light cover was replaced on 3/29/11.	5/01/2011

K - 141

4. All findings will be reported by the Maintenance Director to the QA committee monthly/quarterly for review and further recommendations. The QA committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.

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K 147	Continued From page 4 The findings include: Observation of the nurses' station on 3/29/11 at 5:15 AM, revealed a broken light cover. National Fire Protection Association (NFPA) 70, 110-12 This finding was acknowledged by the Director of Nurses and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 147	2. All residents have the potential to be affected by the deficient practice. No residents were determined to be affected by the deficient practice. 3. On 3/29/2011, the Administrator inserviced the Maintenance Director on maintaining the electrical system. On 4/6/2011, all staff was inserviced by Maintenance Director on reporting any electrical problems or issues, such as broken light covers or broken light fixtures. 4. All findings will be reported by the Maintenance Director to the QA committee monthly/quarterly for review and further recommendations. The QA committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.	